

FAIRFAX COUNTY HEALTH DEPARTMENT  
FAIRFAX - FALLS CHURCH HEALTH DISTRICT  
Division of Environmental Health  
Consumer Services Section  
10777 Main Street, Suite 111  
Fairfax, Va. 22030

PHONE: (703) 246-2444

FAX: (703) 385-9568

APPLICATION TO OPERATE A TATTOO ESTABLISHMENT

Please print or type the information requested below and return to the office listed above to facilitate the issuance of a permit as required by Chapter 35 of the Fairfax County Code. The name of the establishment and the name of the owner must be listed exactly as it appears on your business licenses. PERMITS ARE NOT TRANSFERABLE.

=====

(Office Use Only)

HMIS I.D. \_\_\_\_\_ PEMS I.D. \_\_\_\_\_ Tax Map \_\_\_\_\_ Team \_\_\_\_\_

=====

(To Be Completed By Applicant)

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ CHANGE \_\_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

=====

(Office Use Only)

TYPE OF WATER SUPPLY: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

TYPE OF SEWAGE SYSTEM: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

I HAVE CHECKED AND VERIFIED THE INFORMATION LISTED ABOVE AND RECOMMEND THAT A PERMIT BE ISSUED, SUBJECT TO ANY RESTRICTIONS LISTED ABOVE.

DATE PERMIT ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE PERMIT EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

EHS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_